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Atrophic Pancreatitis

**Fred L. Newbury, D.V.M.*

ATROPHIC PANCREATITIS or chronic pancreatitis is probably more common in dogs than reports in the literature would indicate. It is possible that the disease is mis-diagnosed by many practitioners.

Next to the liver, the pancreas is the largest gland connected with the alimentary tract. It has both an exocrine and endocrine function, both of which are vital to proper metabolism in the dog. When either of these functions is disrupted, the health of the dog suffers proportionately. Atrophic pancreatitis disrupts in part, or entirely, the function of the gland.

The etiology may be considered as follows:

- A. Extension of inflammation from the duodenum.
- B. Extension of local pancreatitis.
- C. Infectious processes involving the small intestine.
- D. Blockage of the pancreatic ducts (Wirsung and Santorini) with tumors, calculi or parasites.

Animals suffering from this condition are usually presented with a history of a gradual loss in condition over a period of a few months. The animal is usually emaciated, yet the appetite during this period of gradual loss in condition is usually reported as ravenous. The animal usually does not exhibit pain upon palpation of the abdomen. The feces are gray in color, pasty in consistency and have a strong, rancid odor. Stool specimens observed microscopically exhibit numerous fat globules. There may be a negative to a mark-

ed positive glycosuria depending upon the amount of damage to the pancreatic tissue.

At post mortem the pancreas usually exhibits marked atrophy. In some cases it is difficult to find any normal pancreatic tissue. Microscopic examination usually shows the pancreatic tissue to be largely replaced by scar tissue.

Treatment consists of overcoming the pancreatic deficiency. Fats in a finely emulsified form can be digested by the gastric and intestinal lipases. Fats of this type can be found in egg yolk, homogenized milk and creamed cottage cheese. Sorlate is an emulsifying agent capable of bringing about increased absorption of dietary fat. Lipomul, a homogenized vegetable fat added to homogenized milk, is also an excellent method of supplying fat. The interference with fat absorption caused by this condition may result in a vitamin A deficiency, and the administration of 10,000 to 15,000 units of vitamin A daily is highly recommended. Panteric is an excellent product for supplying the deficient pancreatic enzymes. Products of this type should be enteric coated to prevent the destructive action of gastric juices. Protein is supplied in the form of lean meat, and carbohydrates are supplied by feeding sugar, bread and cereals.

Prognosis in these cases should be guarded because it is quite impossible to determine, without performing intricate and time consuming tests, the extent of damage to the pancreatic tissue. Because of the nature of this condition, it is also reasonable to assume that the life of the animal will be considerably shortened, and the client should be informed of this probability.

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